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COGAN, J.

COMPLAINT DEGEIVED OCT 2 8 2015 PRO SE OFFICE

(STETEMENT OF FOOTS)

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P.2. STOTEN ENT OF FOOTS SEOWN, VAMPOSE

(STATEMENT OF FACTS)

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LESLIE E BROWN Zeshio = Brown

CRIMINAL COURT OF THE CITY OF NEW YORK			
COUNTY OF QUEENS	CERTIFICATE OF DISPOSITION NUMBER: 13701		
THE PEOPLE OF THE STATE OF NEW YORK VS.	NO FEE		
BROWN, LESLIE			
DEFENDANT	DATE OF BIRTH		
ADDRESS			
	03/27/2015		
CITY STATE ZIP	ISSUE DATE		
DOCKET NUMBER: 2015SQ020362	SUMMONS NUMBER: 4420097723		
u 390			
AC 10-125(b) V			
ARRAIGNMENT CHARGES			
CASE DISPOSITION INFORMATION:			
DATE COURT ACTION	JUDGE PART		
09/11/2015 ACD CPL 170.55	QUINONES,C AR2		
3/10/16 Theduled to be dismiss	sed+Sealed ARZ		
7191	7 (700)		
I HEREBY CERTIFY THAT THIS IS A TRUE EXCERPT OF THE	ERECORD ON FILE IN THIS COURT.		
101			
6. Philos 5 09/25/2015			
COURT OFFICIAL SIGNATURE AND SEAL DATE	-		

(CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL OVER THE SIGNATURE OF THE COURT OFFICIAL.)



## THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg Mayor Thomas R. Frieden, M.D., M.P.H.

Commissioner

Nyc.gov/health

## DISCHARGE PLANNING COMMUNITY REFERRAL

FIRST NAME:	Leslie	_LAST NAME:	Brown		
BOOK & CASE #:_	4411504288	FACILITY:	A	<u>MKC</u>	_
DATE OF BIRTH:		DATE OF	DISCHARG	E: _Unknown	
YOU HAVE BEEN	REFERRED FO I	HE FOLLOWING:			
PROGRAM NAME	: BELLEVUE A	ASSESSMENT M	EN'S SHE	CLTER	
REFFERRAL DAT	<b>E</b> :	08/19/2015		<del></del>	
DATE OF APPOIN	<i>TMENT:</i> Upon Re	lease TIME OF APP	POINTMEN	T: Call for appoint	ment
TELEPHONE NUM	MBER: 212 481-	4731			
ADDRRESS 400	-430 1 <sup>ST</sup> Avenue	, NY (29th Street)			
CONTACT PERSO	N: Intake				
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REFERRED TO.	LD A COPY OF TH	E INFORMATION I	OK THE P	KUGKAM I AM BI 	EING
SIGNATUR	E OF CLIENT		8/,	DATE	
REFERRED BY:					

TELEPHONE NUMBER: 347-774-7480

NAME: Ms. Sade Afolabi, MSW

TITLE: Discharge Planning



TITLE: Discharge Planning Services

TELEPHONE NUMBER: 347-774-7482

## THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., K.P.H.
Commissioner

nyc.gov/health

## DISCHARGE PLANNING COMMUNITY REFERRAL

FIRST NAME: Brown
BOOK & CASE #: 4411504288 FACILITY: AHKC C95
DATE OF BIRTH: DATE OF DISCHARGE: Unknown
YOU HAVE BEEN REFERRED TO THE FOLLOWING:
PROGRAM NAME: ACQC CENTU of QUEENO COUNTY REFERRAL DATE: \$13 15
DATE OF APPOINTMENT: Upon release  TIME OF APPOINTMENT: Call for appointment  TELEPHONE NUMBER: 716 868 9645  ADDRESS: 1139 Foam Place; 1st Floor, Far Rockaway D4 11691  CONTACT PERSON: 1 1100
I HAVE RECEIVED A COPY OF THE INFORMATION FOR THE PROGRAM I AM BEING REFERRED TO.
FLAND 8/13/15 SIGNATURE OF CLIENT 8/13/15
REFERRED BY:
NAME: Jensy